



DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Docket Number (optional)

60306-USA

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Homogeneous, Thermoreversible Alginate Films and Soft Capsules Made Therefrom, the specification of which is attached hereto unless the following box is checked:

☒ was filed on April 14, 2004, as United States Application Number 10/824,919 or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by and amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 USC §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

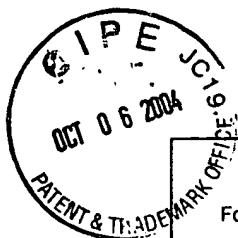
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below.

<u>60/462,617</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,758</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,721</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,785</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,783</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,794</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,792</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,793</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
-------------------------------	------------------------	--



DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)

For the invention entitled: **Homogeneous, Thermoreversible Alginate Films and Soft Capsules Made Therefrom**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Liza D. Hohenschutz – 33,712

Paul A. Fair – 35,866

John M. Sheehan – 26,065

Marcia D. Pintzuk – 33,756

Address all telephone calls to: **Liza D. Hohenschutz – 302-658-9141**

Address all correspondence to: **Patent Administrator
FMC Corporation
1735 Market Street
Philadelphia, Pennsylvania 19103**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): **James J. Modliszewski**

Inventor's signature: _____ Date: _____

Residence: **Brick, NJ** Citizenship: **United States**

Post Office Address: **523 Midwood Drive, Brick, NJ 08724**

Full name of second joint inventor, if any (given name, family name): **Arthur D. Ballard**

Inventor's signature: Arthur D. Ballard Date: **8/5/04**

Residence: **Westport, ME** Citizenship: **United States**

Post Office Address: **26 Palm Road, Westport, ME 04578**

Full name of third joint inventor, if any (given name, family name): **Christopher J. Sewall**

Inventor's signature: Christopher J. Sewall Date: **8/4/04**

Residence: **Hope, ME** Citizenship: **United States**

Post Office Address: **15 Jones Hill Road, Hope, ME 04847**

Full name of fourth joint inventor, if any (given name, family name): **William R. Blakemore**

Inventor's signature: William R. Blakemore Date: **8/5/04**

Residence: **Topsham, ME** Citizenship: **United Kingdom**

Post Office Address: **13 Gamet Drive, Topsham, ME 04086**

Full name of fifth joint inventor, if any (given name, family name): **Peter J. Riley**

Inventor's signature: Peter J. Riley Date: **8/5/04**

Residence: **Yardley, PA** Citizenship: **United Kingdom**

Post Office Address: **1003 Meridian Way, Yardley, PA 19067**

Full name of sixth joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

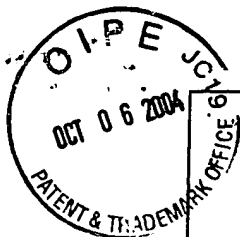
Post Office Address: _____

Full name of seventh joint inventor, if any (given name, family name): _____

Inventor's signature: _____ Date: _____

Residence: _____ Citizenship: _____

Post Office Address: _____



DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Docket Number (optional)

60306-USA

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Homogeneous, Thermoreversible Alginate Films and Soft Capsules Made Therefrom, the specification of which is attached hereto unless the following box is checked:

☒ was filed on April 14, 2004, as United States Application Number 10/824,919 or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by and amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 USC §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below.

<u>60/462,617</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,758</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,721</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,785</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,783</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,794</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,792</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)
<u>60/462,793</u> (Application Number)	<u>April 14, 2003</u> (Filing Date)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
-------------------------------	------------------------	--



DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)

For the invention entitled: **Homogeneous, Thermoreversible Alginate Films and Soft Capsules Made Therefrom**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Liza D. Hohenschutz – 33,712

Paul A. Fair – 35,866

John M. Sheehan – 26,065

Marcia D. Pintzuk – 33,756

Address all telephone calls to: **Liza D. Hohenschutz – 302-658-9141**

Address all correspondence to: **Patent Administrator
FMC Corporation
1735 Market Street
Philadelphia, Pennsylvania 19103**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): **James J. Modliszewski**
Inventor's signature: *James J. Modliszewski* Date: 8/10/14
Residence: **Brick, NJ** Citizenship: **United States**
Post Office Address: **523 Midwood Drive, Brick, NJ 08724**

Full name of second joint inventor, if any (given name, family name): **Arthur D. Ballard**
Inventor's signature: _____ Date: _____
Residence: **Westport, ME** Citizenship: **United States**
Post Office Address: **26 Palm Road, Westport, ME 04578**

Full name of third joint inventor, if any (given name, family name): **Christopher J. Sewall**
Inventor's signature: _____ Date: _____
Residence: **Hope, ME** Citizenship: **United States**
Post Office Address: **15 Jones Hill Road, Hope, ME 04847**

Full name of fourth joint inventor, if any (given name, family name): **William R. Blakemore**
Inventor's signature: _____ Date: _____
Residence: **Topsham, ME** Citizenship: **United Kingdom**
Post Office Address: **13 Garnet Drive, Topsham, ME 04086**

Full name of fifth joint inventor, if any (given name, family name): **Peter J. Riley**
Inventor's signature: _____ Date: _____
Residence: **Yardley, PA** Citizenship: **United Kingdom**
Post Office Address: **1003 Meridian Way, Yardley, PA 19067**

Full name of sixth joint inventor, if any (given name, family name): _____
Inventor's signature: _____ Date: _____
Residence: _____ Citizenship: _____
Post Office Address: _____

Full name of seventh joint inventor, if any (given name, family name): _____
Inventor's signature: _____ Date: _____
Residence: _____ Citizenship: _____
Post Office Address: _____